

STATE OF HAWAII  
DEPARTMENT OF TRANSPORTATION  
OFFICE OF SPECIAL COMPLIANCE (DIR-CD)  
869 Punchbowl Street, Room 112  
Honolulu, Hawaii 96813  
Telephone No.: 808-587-2135  
Fax No: 808-587-6303

**DISADVANTAGED BUSINESS ENTERPRISE (DBE) CHANGE AFFIDAVIT**

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ FAX No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gross Annual Receipts: \_\_\_\_\_  
Specify Period (Month/y year to Month /year) As Reported on U. S. Tax Returns

Nature of Business: \_\_\_\_\_

If any change in ownership and/or control interest of the firm exists, please provide the following information:

<u>Name</u>	<u>*Ethnicity</u>	<u>Sex</u>	<u>Ownership %</u>	<u>Control %</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Ethnicity: **BA** = Black (any of the Black racial groups of Africa); **HA** = Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Portuguese, or other Spanish culture or origin); **NA** = Native American (American Indian, Eskimos, Aleuts, or Native Hawaiians); **AP** = Asian Pacific (Japanese, Chinese, Taiwanese, Korean, Vietnamese, Laotian, Cambodian, Filipino, Samoan, Guamanian, the U.S. Trust Territories of the Pacific, and Northern Marianas); **AI** = Asian Indian (Indian, Pakistan, Bangladesh); **WA** = White American.

I certify that each disadvantaged owner is socially and economically disadvantaged. The foregoing information is true and accurate and reflects changes to the original application and to other subsequent changes that were on file with the Hawaii State Department of Transportation. Attached are the firm's U.S. Corporate, Partnership or Individual Tax Returns that substantiates the size and gross receipts.

\_\_\_\_\_  
Print or Type Name Title

\_\_\_\_\_  
Signature Date

## *Affidavit*

I authorize the State Department of Transportation to make inquiries as necessary to verify the accuracy of the statements made and to determine my continued eligibility as a DBE. I certify the above and the statements contained in the attachments are true and accurate as of \_\_\_\_\_. The information provided is for the purpose of determining eligibility for the DBE program.

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's continued eligibility to participate in the DBE program. Further, the undersigned agrees to permit an onsite review of the company's operation as well as the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds terminating eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.

_____	
Name of Firm	
_____	
Name	Title
_____	_____
Signature	Date

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me appeared \_\_\_\_\_ who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by \_\_\_\_\_ to execute the affidavit and did \_\_\_\_\_

Name of Firm

so as his or her free act and deed.

Notary Public \_\_\_\_\_ Commission expires \_\_\_\_\_

{Seal}

## **Instructions**

1. The Change Affidavit must be completed and submitted to the Hawaii Department of Transportation within 30 days of firm's re-certification date or whenever there are significant changes to the firm. Significant changes include:
  - a. Changes to the ownership or control of the firm,
  - b. Changes to the firm's addresses and/or telephone contact numbers,
  - c. Changes in the personal net worth of the individual owners or;
  - d. Changes in the business size that would cause the firm's to exceed the maximum size standards.
2. Sign the Change Affidavit in front of a Notary Public.
3. Attach the firm's most recent completed U.S. Income Tax Returns